

NO PERMIT WILL BE ISSUED TO MOVE AND USE LIVE INSECTS OR PLANT PESTS OR NOXIOUS WEEDS UNTIL A COMPLETED APPLICATION IS RECEIVED.

DEPARTMENT OF FOOD AND AGRICULTURE PLANT HEALTH AND PEST PREVENTION SERVICES 1220 N STREET, ROOM A-316 SACRAMENTO, CALIFORNIA 95814  APPLICATION AND PERMIT TO MOVE AND USE LIVE PLANT PESTS OR INSECTS OR NOXIOUS WEEDS			SECTION A TO BE COMPLETED BY APPLICANT		
			1. NAME AND ADDRESS (Include Zip Code)		
3. TYPE OF ORGANISM  <input type="checkbox"/> Arthropod <input type="checkbox"/> Pathogen <input type="checkbox"/> Noxious Weed  <input type="checkbox"/> Biocontrol Agent <input type="checkbox"/> Other			2. TELEPHONE NUMBER/FAX NUMBER/EMAIL		
4. SCIENTIFIC AND COMMON NAMES OF ORGANISMS	CLASSIFICATION (Order, Family, etc.)	LIFE STAGES	NUMBER OF SPECIMENS	MOVED OR SHIPPED FROM	WHAT HOST MATERIAL WILL ACCOMPANY PEST?
5. ADDRESS OF USE LOCATION IF DIFFERENT THAN ITEM 1.		6. NAME AND ADDRESS OF SUPPLIER		7. DESTINATION COUNTY	
8. APPROXIMATE DATE OF MOVEMENT	9. NUMBER OF SHIPMENTS	10. METHOD OF SHIPMENT  <input type="checkbox"/> Mail <input type="checkbox"/> Freight <input type="checkbox"/> Baggage <input type="checkbox"/> Auto			
11. INTENDED USE (Be specific; state whether use will be in a laboratory and/or greenhouse and/or in the field, and, in the case of pathogens, state whether use will include plant inoculation.)					
12. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS			13. METHOD OF FINAL DISPOSITION		
14. I/We agree to comply with the conditions attached to this form, and understand that the permit is subject to other conditions which may be prescribed.			SIGNATURE OF APPLICANT		DATE

SECTION B – TO BE COMPLETED BY STATE OFFICIAL	
PERMIT  (Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division)	PERMIT NUMBER

Under authority of Section 6305 of the Food and Agricultural Code, permission is hereby granted to the applicant named above to move and use the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application. (See attached standard conditions.)

VIOLATION OF ANY OF THE CONDITONS OF THIS PERMIT SHALL BE SUFFICIENT CAUSE FOR ITS IMMEDIATE REVOCATION.

15. SIGNATURE OF STATE OFFICIAL	16. DATE ISSUED	17. EXPIRATION DATE

Attachments may accompany application if space on application is insufficient.

#### STANDARD CONDITIONS OF PERMIT

1. All organisms shall be shipped in sturdy, escape-proof containers and a copy of this permit shall accompany each shipment.
2. Arrival of each shipment shall be immediately reported to the office of the County Agricultural Commissioner and held for inspection prior to use (telephone:\_\_\_\_\_).
3. All packing material and shipping containers shall be sterilized or destroyed immediately after removing the organisms.
4. Organisms, and inoculated plants if any, shall be kept and used only within the laboratory or designated area at the permittee's address and/or the address specified in Item 5, Section A.
5. No living organisms kept under this permit, and inoculated plants if any, shall be removed from the confined, designated area except by prior approval from State and, if applicable, federal agricultural regulatory officials.
6. Without prior notice and during regular business hours, State and county agricultural regulatory officials shall be allowed to inspect the conditions under which the organisms are kept and used.
7. All necessary precautions must be taken to prevent escape of pests. In the event of pest escape, this office shall be immediately notified (916) 654-1017.
8. All organisms kept under this permit, and inoculated plants if any, shall be destroyed at the completion of the intended use, and not later than the expiration date, unless an extension is granted by this issuing office. Written request for an extension of the expiration date should be submitted at least 30 days in advance of the expiration date.